

EVERETT CITY COUNCIL AGENDA ITEM COVER SHEET

**PROJECT TITLE:**

Street Closure – Craft Fair

\_\_\_\_\_ Briefing  
 \_\_\_\_\_ Proposed Action  
 \_\_\_\_\_ Consent  
 \_\_\_\_\_ Action  
 \_\_\_\_\_ First Reading  
 \_\_\_\_\_ Second Reading  
 \_\_\_\_\_ Third Reading  
 \_\_\_\_\_ Public Hearing

COUNCIL BILL # \_\_\_\_\_

Originating Department \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_

FOR AGENDA OF \_\_\_\_\_

\_\_\_\_\_  
City Clerk

\_\_\_\_\_  
Sharon Fuller

\_\_\_\_\_  
425 257-8609

\_\_\_\_\_  
May 4, 2016

Initialed by:

Department Head \_\_\_\_\_

CAA \_\_\_\_\_

Council President \_\_\_\_\_

*db*

<b><u>Location</u></b>	<b><u>Preceding Action</u></b>	<b><u>Attachments</u></b>	<b><u>Department(s) Approval</u></b>
Grand Avenue, between California Street and Hewitt Avenue		Special Event Application	Police, Fire, Streets, Traffic Engineering, Transit

Amount Budgeted	-0-	
Expenditure Required	-0-	Account Number(s):
Budget Remaining	-0-	
Additional Required	-0-	

**DETAILED SUMMARY STATEMENT:**

The Sno-Isle Food Co-op in partnership with the Everett Maker's market is requesting the closure of Grand Avenue, between California Street and Hewitt Avenue on June 18, 2016, 11 a.m. to 7 p.m., for a Craft Fair.

**RECOMMENDATION (Exact action requested of Council):**

Authorize the closure of Grand Avenue, between California Street and Hewitt Avenue on June 18, 2016, 11 a.m. to 7 p.m., for a Craft Fair sponsored by the Sno-Isle Food Co-op in partnership with the Everett Maker's market.

**SPECIAL EVENT APPLICATION**

Event Type:  Street Closure  Parade  Walk/Run  Other ( )

Event Date: June 18th, 2016 Event Time: 1pm-6pm

Closure Time: 11am-7pm

Event Description: Craft fair, in partnership with the Everett Maker's Market

Location of Event: 2804 Grand Ave.

Sponsoring Organization: Sno-Isle Food Co-op

Address: 2804 Grand Ave. City & State Everett, WA

Contact Person: Erin Treat Phone No. 425-259-3798

We **require** that you inform the neighborhood and businesses of the street closure **prior** to obtaining approval.

What method will be used to inform the impacted parties of the street closure? \_\_\_\_\_

Fliers, verbal communication with building managers and business owners  
If applicable, answer the following:

Approx. # of participants: 200 Persons 5-10 Animals \_\_\_\_\_ Vehicles  
Dogs Type of Animals

Assembly area (streets) Grand Ave.

Portion of street to be used:  Full width  Half  Other

\*Attach a map showing route of parade or run/walk.

**Official Use**

	<u>Admin.</u>	<u>Traffic</u>	<u>Police</u>	<u>Fire</u>	<u>Transit</u>	<u>Streets</u>
Approved:	_____	<input checked="" type="checkbox"/>				
Rejected:	_____	_____	_____	_____	_____	_____

Special Conditions: \_\_\_\_\_

Comments: \_\_\_\_\_

Council agenda date:    /   /    City Council approval:    /   /   

Permit \_\_\_\_\_ TR # \_\_\_\_\_

**Indemnification, Hold Harmless, and Certification**

As a material inducement and consideration for the City granting this approval, the Applicant, on behalf of the sponsoring organization, hereby agrees to defend, indemnify and hold harmless the City from and against any and all Claims for personal injury, death, property damage or destruction, arising from, relating to, or resulting from the Event that is the subject of this approval.

"City" shall mean the City of Everett, its officers, employees and agents.

"Claims" shall mean any actions, demands, suits, obligation or liability for payment of damages, fees, and costs, including, but not limited to, attorney's fees, expert witness fees, court costs and other legal expenses.

Provided, however, this agreement to defend, indemnify and hold harmless the City shall not apply to Claims arising out of bodily injury or death or property damage or destruction caused by the sole negligence or willful misconduct of the City.

As Applicant, I certify that 1) the information provided on this application is true and correct; and 2) I am duly authorized by the sponsoring organization to make this application and enter into this agreement, on behalf of the sponsoring organization, to defend, indemnify and hold harmless the City.



Signature

4/4/16

Date

Erin Treat

Printed Name

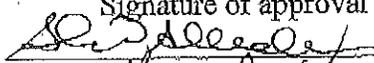
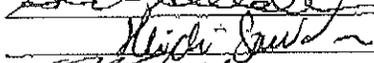
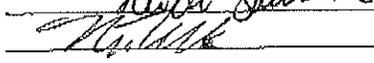
Sno-Isle Food Co-op

Organization Representing

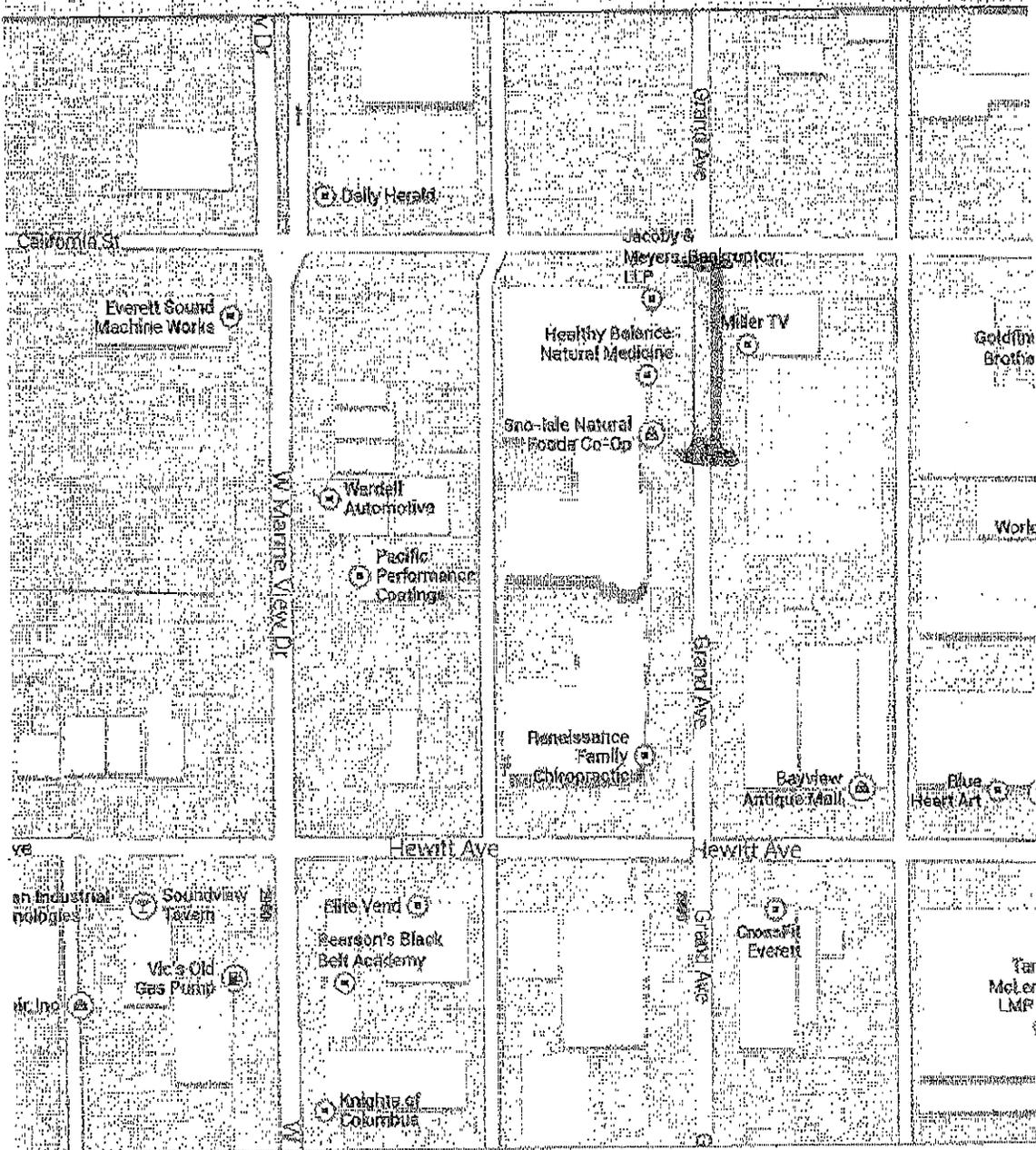
425-259-3798

Phone No.

List businesses/residences impacted by this event. You must also obtain an approval signature from each business/resident indicating they concur with the closure.

- | Business/Residence    | Signature of approval  |
|-----------------------|--|
| 1. Nautica Apartments |  |
| 2. Sunken Ship Tattoo |  |
| 3. Sentry Credit      |  |
| 4. _____              | _____  |
| 5. _____              | _____  |
| 6. _____              | _____  |
| 7. _____              | _____  |

Signature of approval



We would like to close only a section of the street, directly in front of our building, as indicated above.

Thank you.

